

MAY 15 1940 791 I

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 3415

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME OTTO LOUIS AMELUNG

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary A. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 6, 1868  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Postal Service

12. Name John A. Amelung

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Henrietta Seppen

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Amelung

(b) Address 4919 Schollmeyer

17. (a) burial (b) Date thereof 4-16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave

19. (a) APR 15 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4919 Schollmeyer  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1940 hour 9:20 minute 2:00 M.

21. I hereby certify that I attended the deceased from April 1  
\_\_\_\_\_, 1940, to April 14, 1940;  
that I last saw him alive on April 14, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Infection of leg  
(bacterial) 121

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Hypertensive heart disease  
(Include pregnancy within 3 months of death) 3

Major findings: Nephritis, chronic  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

23. Signature Emory P. Dresscher (M. D. or other) \_\_\_\_\_

Address BARNES HOSPITAL Date signed 4-14-40

*Tom Blank signed*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**